

FILED OCT 23 1950

STANDARD CERTIFICATE OF DEATH

34287
State File No.

BIRTH NO.		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4386</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (In this place) <u>42 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		<u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Thayer</u>			
3. NAME OF DECEASED (Type or Print) <u>LILLIE</u>		a. (First) <u>MAE</u>		c. (Last) <u>WOLFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 15, 1879</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>		IF UNDER 14 HRS. Hours <u>12</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Ash Flat, Ark.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joe H. Hollowell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Harry E. Wolff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Wolff Thayer, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asthma, etc. It means the disease, injury, or complications which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Casement of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>May 1950</u> <u>157X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)?		21b. PLACE OF INJURY (e.g., in or about home; farm; factory; street; office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> , to <u>Sept 27, 1950</u> , that I last saw the deceased alive on <u>Sept 26, 1950</u> , and that at death occurred at <u>12:55P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. W. Cooper</u>		(I Deaf or title) <u>MD</u>		23b. ADDRESS <u>Thayer, Mo.</u>		23c. DATE SIGNED <u>10-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 14-50</u>		REGISTRAR'S SIGNATURE: <u>Ella Cross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellen Cross</u>		ADDRESS <u>Thayer, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4516

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.